

DECLARATION AND POWERS OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEM AND METHOD FOR SELECTING AN ITEM IN A LIST OF ITEMS AND ASSOCIATED PRODUCTS

the specification of which was filed on 28/DEC/2004 as Application Serial No. PCT/EP04/014762 and was amended on _____, or, if not identified here by filing date and serial number, is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate by me or my representatives or assigns for this invention having a filing date before that of the application on which priority is claimed.

Application No. 04290043.1 in EP on 07/JAN/2004 priority claimed ☒ Yes ☐ No

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) as listed below.

Application No. _____ Filed _____

Application No. _____ Filed _____

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint, individually and collectively, the following as my/our attorney or agent with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

<u>Joseph J. Laks</u>	Registration No. <u>27,914</u>	and
<u>Harvey D. Fried</u>	Registration No. <u>28,298</u>	and
<u>Ronald H. Kurdyla</u>	Registration No. <u>26,932</u>	and
<u>Robert D. Shedd</u>	Registration No. <u>36,269</u>	and
<u>Vincent E. Duffy</u>	Registration No. <u>39,964</u>	

PLEASE ADDRESS ALL
COMMUNICATIONS TO:

JOSEPH J. LAKS, VICE PRESIDENT

PATENT OPERATIONS

THOMSON LICENSING INC.

P. O. BOX 5312

PRINCETON, NEW JERSEY 08543-5312

Sole or Joint Inventor (1)	<u>Robert Lindemann</u> (Type or Print)	<u>Robert Lindemann</u> (Signature in Full. No initials.)
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Citizenship	_____	Date _____
Post Office Address	_____	
Residence	_____, Germany	
Sole or Joint Inventor (3)	_____ (Type or Print)	_____ (Signature in Full. No initials.)
Citizenship	_____	Date _____
Post Office Address	_____	
Residence	_____, Germany	

PTO/SB/81 (11-04)
 Approved for use through 11/30/2005. OMB 0651-0035
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	ROBERT LINDEMANN
	Title	SYSTEM AND METHOD FOR SELECTING AN ITEM IN A LIST OF ITEMS AND ASSOCIATED PRODUCTS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PD040013

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**
 OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

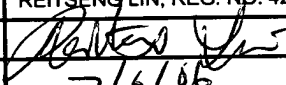
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 OR
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I am the:

☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	REITSENG LIN, REG. NO. 42,804				
Signature					
Date	7/6/06	Telephone	609-734-6813		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **3** forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY
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We,

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do hereby grant

Joseph J. Laks
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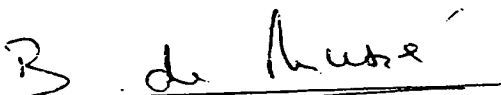
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this ____14th____ day of __February__, in the year 2006.

Signature:

Typed Name As Signed:

Title:


Béatrix de Russe
Authorized Representative,
Vice-President Intellectual Property & Licensing

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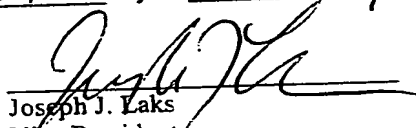
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a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

